

SUPPLEMENTAL APPLICATION DATA SHEET

Application Information

Application Number:: 10/530,052

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?::

Number of Copies of CRF::

Title:: SPHEROIDS, PREPARATION METHOD
THEREOF AND PHARMACEUTICAL
COMPOSITIONS

Attorney Docket Number:: 017753-205

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: No

Latin Name::

Variety Denomination Name::

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: France

Status:: Full Capacity

Given Name:: Philippe

Middle Name::

Family Name:: CHENEVIER

Name Suffix::

City of Residence:: Montreal

State or Province of Residence:: Quebec

Country of Residence:: Canada

Street of Mailing Address:: 5656 rue Woudbury

City of Mailing Address:: Montreal

State or Province of Mailing Address::	Quebec
Country of Mailing Address::	Canada
Postal or Zip Code of Mailing Address::	H3T 1F7
Applicant Authority Type::	Inventor
Primary Citizenship Country::	France
Status::	Full Capacity
Given Name::	Dominique
Middle Name::	
Family Name::	MARECHAL
Name Suffix::	
City of Residence::	Dreux <u>Laval</u>
State or Province of Residence::	<u>Quebec</u>
Country of Residence::	France <u>Canada</u>
Street of Mailing Address::	26A12, boulevard de l'Europe <u>5970 Rue Parny</u>
City of Mailing Address::	Dreux <u>Laval</u>
State or Province of Mailing Address::	<u>Quebec</u>
Country of Mailing Address::	France Canada
Postal or Zip Code of Mailing Address::	F-28100 <u>H7H2W8</u>

Correspondence Information

Correspondence Customer Number:: 21839

Phone Number:: (703) 836-6620

Fax Number: (703) 836-2021

Representative Information

Representative Customer Number:: 21839

Domestic Priority Information

Application::	Continuity Type::	Parent Application:: Parent Filing Date::
This Application	National Stage of	PCT/FR2003/002909 10/03/03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
France	02/12333	10/04/02	Yes

Assignee Information

Assignee Name::	ETHYPHARM
Street of Mailing Address::	21, rue Saint-Mathieu
City of Mailing Address::	Houdan
State or Province of Mailing Address::	
Country of Mailing Address::	France
Postal or Zip Code of Mailing Address::	F-78550